

**LALA LAJPAT RAI UNIVERSITY OF VETERINARY & ANIMAL
SCIENCES, HISAR**

PENSION FILE

Office

Department

1.	Name of University Employee	
2.	Designation	
3.	Father's/Husband's Name	
4.	Date of Birth	
5.	Height	
6.	GPF No.	
7.	Date of Joining Service	
8.	Date of Retirement	
9.	Present Address	
10.	Address after retirement	

Signature of Pensioner

Signature of HOD/Office

Formal Application for Pension

To

.....
.....
.....

Subject: Application for sanction of pension

Sir,

I am due to retire from service with effect from.....my date of birth being I, therefore, request that steps may kindly be taken to grant me pension and gratuity, admissible to me and make payment on/from the date of my retirement. I desire to draw my pension fromBank.

1. I hereby declare that I have neither applied for nor received any pension or gratuity in respect of any portion of service qualifying for the pension and in respect of which pension or gratuity is claimed therein nor shall I submit an application thereafter without quoting a reference to this application and the orders which may be passed thereon.
2. Please find enclosed Form VU-10/1(a),10/2 and 10/3 duly completed.
3. Four copies of passport size photograph with and without spouse duly attested are enclosed.
4. Two slips of three specimen signatures or thumb impression of me and spouse, duly attested are enclosed.
5. Photo copy of Aadhar Card is enclosed.
6. My present address is
.....Mob No.....
and after retirement will be
.....Mob No.....
7. Other necessary documents are also enclosed.

Yours faithfully,

Signature:.....
Name:.....
Designation:.....
Department/Office:.....
.....

Date the

(This form is based on Form Pen-2 referred to in Rule 71 of Haryana Civil Services Pension Rules 2016)

Form VU 10/1(a)
Referred to in Rule 10.6

LALA LAJPAT RAI UNIVERSITY OF VETERINARY AND ANIMAL SCIENCES, HISAR

Particulars to be obtained by the Head of office from the retiring University employee one year before his retirement on superannuation or from the family of deceased University employee within one month from the date of death.

Paste one passport size joint photograph of employee or photograph of widow/widower, as the case may be, duly attested by head of the office

1.	Name of the University employee	
2.	Designation	
3.	Department/Office	
4.	Date of birth	
5.	Mobile Number	
6.	Date of retirement OR Date of death in case of death while in service	
7.	Present address	
8.	Address after retirement	

Any subsequent change of address should be informed to the Head of Office & Comptroller LUVAS, Hisar

8.	Details of the members of the family as on																																																							
	<table border="1"> <thead> <tr> <th>Sr. No.</th> <th>Name of the members of family</th> <th>Date of birth</th> <th>Relationship with the University employee</th> <th>Aadhaar Card No.</th> <th>Remarks</th> </tr> </thead> <tbody> <tr><td>1.</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>2.</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>3.</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>4.</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>5.</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>6.</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>7.</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>8.</td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>	Sr. No.	Name of the members of family	Date of birth	Relationship with the University employee	Aadhaar Card No.	Remarks	1.						2.						3.						4.						5.						6.						7.						8.						
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8.																																																								
9.	Name of the Branch Public Sector Bank through which the employee wants to draw his pension																																																							
10.	<p>Enclose the following documents:-</p> <p>(i) Two slips of specimen signature to be attested by Head of Office or any other officer authorized by him</p> <p>(ii) Four copies of passport size joint photographs of the University employee with spouse (to be attested by Head of office or any officer authorized by him)</p> <p>(iii) Form regarding detail of family members.</p>	<p>➤ Attached with Pension Set at Page _____</p> <p>➤ Attached with Pension Set at Page _____</p>																																																						
11.	Option for commutation of pension and fraction of pension proposed to be commuted:	➤ Attached with Pension Set at Page _____																																																						

Name _____

Dated the _____

Signature of University employee

Or

Family member of the deceased University employee

Acknowledgement

Received from Shri/Smt. _____ (Name and Former Designation)
application in Form VU 10/2-3 complete in all respects for the calculation of
pension/DCRG/Commutation of Pension etc.

Place: _____

Signature of Head of Office
(With Stamp)

Date: _____

(This form is based on Form Pen-3 referred to in Rule 75of Haryana Civil Services Pension Rules 2016)

Form VU 10/2
Referred to in Rule 10.6

LALA LAJPAT RAI UNIVERSITY OF VETERINARY AND ANIMAL SCIENCES, HISAR

Form for obtaining information from Head of Department of the employee for Assessing Pension/
Family Pension, Commutation of Pension and DCRG.

(To be sent in duplicate to the Comptroller LUVAS, Hisar.)

Paste one passport size joint
photograph duly attested
Signature & Stamp of attesting
authority should be on the
photograph.

1.	Name of the University employee	
2.	Sex	
3.	Aadhar Card Number	
4.	Father's Name	
5.	Name of wife/husband	
6.	Date of Birth	
7.	Marks of identification of University employee	
8.	Present residential address of the University employee along with Mobile number	
9.	Address after retirement along with Mobile phone number	
10.	Particulars of the post held at the time of retirement:	
	a) Department	
	b) Name of the Office	
	c) Post last held and group of the post	
	d) Pay scale of the post	

11.	Class of pension applicable		
12.	Date of beginning of service		
13.	Date of ending of service		
14.	Particulars relating to military service/past service, if any, allowed to be counted by the competent authority towards civil pension		
15.	Total length of service		
16.	I. Period of foreign service if any II. Whether pension contribution has been received for the above said period,		
17.	Periods of non-qualifying service		
		From	To
		YY	MM
		DD	
a)	Interruption in service condoned under Rule 14(2)		
b)	Extraordinary leave not qualifying for pension		
c)	Period of suspension not treated as qualifying service for pension		
d)	Any other service not treated as qualifying service for pension.		
e)	Period of Higher Studies		
f)	Total period of non-qualifying service		
18.	Net qualifying service (Column 15-17) in terms of completed six monthly periods i.e. period of three months and above is treated as completed six monthly periods. Note.— Details of qualifying service is attached.		
19.	Detail of period, if any, treated as duty in case of a University employee who has been reinstated after having been suspended, compulsorily retired, removed or dismissed from service.	From _____ To _____ (_____ Y _____ M _____ D) Order No. _____ Dated _____	
20.	Emoluments at the time of retirement:-		
(a)	Last drawn emoluments (actual)		
(b)	Last emoluments (notional) if any		
(a)	Emoluments reckoned for Pension and Family Pension		
(b)	Emoluments reckoned for death-cum-retirement gratuity		
Note- See also the definition of Emoluments for the purpose of Pension/DCRG/Family Pension as per Haryana Government Pension Rules, 2016 Note- If the officer was on foreign service immediately preceding retirement, the notional emoluments which he would have drawn under University but for being on foreign service be reflected against (a) above.			

21.	Date of receipt of Form duly complete in all respects, from the University employee.		
22.	Proposed pension: _____ = 2	X	_____ = 40
23.	Proposed death-cum-retirement gratuity: _____ = 4	X	_____ =
24.	Proposed family pension:		
	a) Ordinary Family Pension:	Pay last drawn Rs. ____X 30% = _____ (subject to Minimum and maximum)	
	b) Enhanced Family Pension:	Equal to 50% of last emoluments in case of death while in service OR Equal to retiring pension in case of death after retirement before attaining the age of 65 years) (Subject to minimum and maximum of limit of enhanced family pension as per rule	
25.	The amount of the family pension becoming payable to the family of the deceased University employee, if death takes place after retirement. (a) before attaining the age of 65 years. Rs. (b) after attaining the age of 65 years Rs.		
	Sr. No.	Name of the members of family	Date of birth
	1.		
	2.		
	3.		
	4.		
	5.		
	6.		
	7.		
		Relationship with University employee	Aadhaar Card No.
26.	Date from which pension is to commence :		
27.	Proposed amount of provisional pension, if departmental or judicial proceeding instituted against the University employee are pending at the time of retirement		

28.	Details of University dues recoverable out of DCRG:-	
	(a)	Licence fee for the allotment of University accommodation
	(b)	Other dues(referred to in rule 73), if any
29.	Whether valid nomination made for DCRG subsists, if yes, enclose the copy thereof.	
30.	Commutation of pension if applied before retirement or within one year after retirement:-	
	(a)	The portion of pension to be commuted: (upto 40% of pension)
	(b)	Commuted value of pension= (Portion of pension to be commuted x factor from commutation table under rule 96 x 12)
	(c)	Amount of residuary pension after deducting commuted portion of pension [Sr. No. 22-30(a)]
31.	(i)	Place of payment of Pension/DCRG (Branch of Public Sector Bank)
	(ii)	Bank Account No.
	(iii)	Unique Payee Code
32.	10 digit DDO Code	
33.	Particulars of Pension Sanctioning Authority	
	(i)	Designation :
	(ii)	Office Address :
	(iii)	Contact number :

Place _____

Date _____

Signature of The Head of Office
(with date and stamp of office)

(This form is based on Govt. Form Pen-4 referred to in Haryana Civil Services Pension Rules 2016) Referred to in Rule 10.7

Form VU 10/3Rule 75 of

LALA LAJPAT RAI UNIVERSITY OF VETERINARY AND ANIMAL SCIENCES, HISAR

Forwarding letter of Pension Papers of the University employee to be submitted to the Comptroller, LUVAS, Hisar, by the concerned HOD through controlling officer.

From

HOD/Controlling Officer,
LUVAS, Hisar

To

The Comptroller
LUVAS, Hisar

No.:
Dated the

Subject: Pension papers of Dr./Shri/Smt./ _____ for authorization of pension/DCRG.

Sir,

1. I am directed to forward herewith the pension papers of Dr./Shri/Smt./ _____ of this department/ office for further necessary action.
2. The details of University dues which shall remain outstanding on the date of retirement of the University employee and which need to be recovered out of the amount of DCRG are indicated below:-

a)	Balance of outstanding Loans and Advances	
	1.	HBA
	2.	Motor Car Advance
	3.	Marriage Loan
	4.	Computer Loan
	5.	Any other Loan
Total		
b)	Over payment of pay and allowances including leave salary, if any	Rs.

c)	Income tax deductible at source under the Income Tax Act 1961 (43 of 1961)	Rs.
d)	Arrears of licence fee for occupation of University accommodation	Rs.
e)	The amount of licence fee for the retention of University accommodation for the permissible period of six months beyond the date of retirement.	Rs.
f)	Any other assessed dues and the nature thereof	Rs.
g)	The amount of gratuity to be withheld for adjustment of un-assessed dues, if any	Rs.
h)	Bank loan	Rs.
Total		

1. Your attention is invited to the list of enclosures which are being forwarded herewith. It is requested that authorization of Pension, DCRG, Commutation of Pension may please be made at the earliest.
2. The receipt of this letter may please be acknowledged and this department/office be informed.

Yours faithfully

Head of Office/Department
(with date and stamp)

CONTROLLING OFFICER
(with date and stamp)

List of Enclosures:

1.	Form VU 10/1, 2 and 3 duly completed.
2.	Medical certificate of incapacity (if the claim is for invalid pension).
3.	Copy of order of retirement or death certificate in case of death while in service
4.	Last Pay Certificate generated from e-salary system duly signed by DDO.
5.	Statement of qualifying and non-qualifying service with reference to entries of verification made in service book.
6.	Calculation sheet of pension, commutation of pension, death-cum-retirement gratuity and family pension (normal and enhanced).
7.	Service book complete in all respects (date of retirement to be indicated in the service book).
8.	Certificate regarding no judicial or departmental proceedings are pending at the time of retirement.
9.	Brief statement regarding re-instatement of the University employee in case he has been re-instated after having been suspended, compulsorily retired, removed or dismissed from service.
10.	Four copies of passport size photograph with and without spouse duly attested by the Head of Deptt./Office or any other Officer authorized by him. Out of these one each be pasted on Form Pen.-2 and Pen.-3 and two separate attested photographs with spouse be attached with original pension set.
11.	Two slips of three specimen signatures or thumb impression of University employee and spouse, duly attested by Head of Deptt./Office or any other Officer authorized by him.
12.	Photo copy of Aadhar Card of University employee and family member(s) eligible for family pension, if any.
13.	Undertaking regarding refund of excess payment of pension, commutation of pension and gratuity, if found at a later stage. <i>(to be submitted by the retiring University employee)</i>
14.	Undertaking regarding adjustment of long term loans and advances and rent of University accommodation. <i>(to be submitted by the retiring University employee)</i>
15.	Option for Fixed Medical Allowance. <i>(to be submitted by the retiring University employee)</i>
16.	Undertaking on Annexure I & II with original pension set.
17.	Certificate issued by the appointing authority regarding no court case/Departmental Enquiry/Vigilance Enquiry pending.
18.	Affidavit regarding no Vigilance Enquiry/Departmental Enquiry/complaint pending (in case of Group A and B University employees).
19.	Affidavit regarding no advance /loan from University fund pending.
20.	Affidavit regarding non-employment /Re-employment in Govt./Public Sector Undertaking etc.
21.	No Dues Certificate/Final No Dues Certificate.

Signature of the Head of Department
(with date and stamp)

1. Three specimen signatures of University employee and spouse :-

(to be attested by the Head of Office or the officer authorized by him)

Name of University employee:			
Specimen signatures:			
Name of Spouse:			
Specimen signature			

Signature of the competent officer
(with date and stamp)

2. Three Specimen Signatures of University employee and spouse :-

(to be attested by the Head of Office or the officer authorized by him)

Name of University employee:			
Specimen signatures:			
Name of Spouse:			
Specimen signature:			

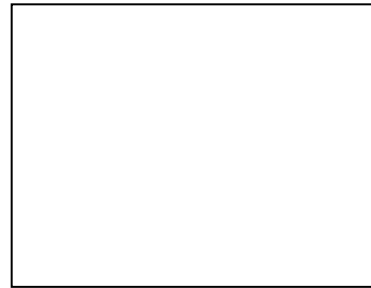
Signature of the competent officer
(with date and stamp)

Photographs

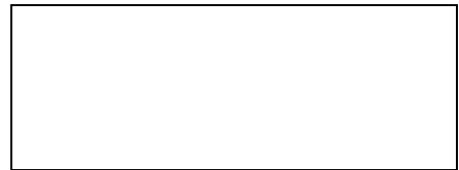
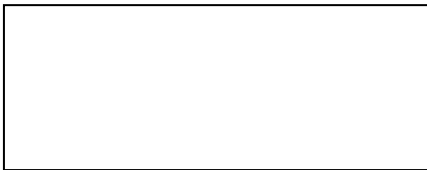
Name.....Designation.....

Date of Birth.....Date of retirement.....Present Place of posting.....

Two Photographs duly attested without spouse



Two Photographs duly attested with spouse



Note: Four copies of passport size photograph with and without spouse duly attested by the Head of Office or any other Gazetted Officer authorized by him. Out of these one each to be pasted on Form Pen-2 and Pen-3 and two photographs to be attached.

Undertaking regarding refund/recovery of excess payment:-

Undertaking

Whereasthe _____(pensionsanctioning authority) has consented to grant me a sum of Rs. _____ as the amount of my pension and _____ Rs. _____ as death-cum-retirement gratuity w.e.f. _____ subject to revision of the same being found to be in excess of thatto which I am entitled under the rules and I promise to raise no objection to such revision. I further promise to refund/recover any amount paid to me in excess of that to which I may be eventually found entitled.

Signature of the University employee

Witness No. 1:-	Witness No. 2 :-
Signature :	Signature :
Name :	Name :
Designation :	Designation :
Address :	Address :

Undertaking regarding adjustment of loans and advances and University dues :-

Undertaking

I hereby authorize to recover from my pension any University dues such as over payment of pay and allowances, leave salary, loans and advances, travelling allowance or any amount of any description is found recoverable at any stage.

Signature of the University employee

Option for Medical Allowance :-

I intend to draw fixed medical allowance at the rate prescribed from time to time with my pension/family pension.

Or

I intend to avail the facility of medical re-imburement, instead of fixed medical allowance, for out door treatment being a chronic disease patient or otherwise separately.

Signature of the University employee

Signature of HOD

with Stamp

Calculation sheet of Pension/Family Pension/Enhanced Family Pension/DCRG :-

Calculation of Pension :

Last emoluments	X	Qualifying service in half years (Max. 40 half years)
2		40

Calculation of Normal Family Pension :

Last emoluments	X	30%
-----------------	---	-----

Calculation of Enhanced Family Pension:

Last emoluments	X	50%(In case of death while in service)
OR Equal to retiring pension (in case of death after retirement before attaining the age of 65 years)		

Calculation of DCRG:

<u>Last emoluments</u>	X	Qualifying service in half years
4		
(Maximum 66 half years for Group A,B & C and 70 half years for Group D employees)		

Note- For definition of 'Emoluments' for the purpose of Pension and DCRG, see Rule 8 of Haryana Civil Services (Pension) Rules, 2016.

Signature of the Competent Officer
(with date and stamp)

CONTROLLING OFFICER

(with date and stamp)

Certificate regarding departmental/judicial proceedings pending, if any :-

Certificate

It is certified that complaint/department proceedings/judicial proceedings are **pending/not pending** against Shri/Smt. _____ who is going to retire from service on _____ while working as _____.

Signature of the competent officer
(with date and stamp)

Undertaking regarding adjustment of rent of University accommodation

Undertaking

I hereby authorize Comptroller, LUVAS, Hisar to recover from my pension any amount of rent of University accommodation, if found recoverable from me at any stage.

Signature of the University Employee

Signature of HOD
with Stamp

Statement of Qualifying and Non-qualifying service :-						
Sr. No.	Period (From-To)	Period in YY/MM/DD	Post held	Qualifying service YY/MM/DD	Non-qualifying service YY/MM/DD	Document(s) on the basis of which the entry is made in Column 5
1	2	3	4	5	6	7
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
Total Service						

Signature of the Competent Officer
(with date and stamp)

(This form is based on Form Pen-12-A referred to in Rule 11.1of Punjab

Form VU 10/10

Civil Services (Pension) Rules Vol II as applicable to Haryana)

Referred to in Rule 10.11(1)

APPLICATION FOR COMMUTATION OF A FRACTION OF PENSION WITHOUT MEDICAL EXAMINATION

(to be submitted in duplicate after retirement but within **one year** from the date of retirement)

PART-I

To

The.....

..... Here indicate the designation and
..... full address of the Head of Office

Sub: Commutation of pension without medical examination.

Sir,

Space for
photograph of
Retiree Only.

I furnish below the relevant particulars and request that I may be permitted to commute a part of my pension as indicated below:

1.	Name (in Block letters)	
2.	Father's Name Husband's name (in case of female LUVAS employee)	
3.	Designation at the time of retirement	
4.	Name of Office/Department in which employed at the time of retirement.	
5.	Date of Birth (by Christian era)	
6.	Date of retirement	
7.	Class of Pension on which retired	
8.	Amount of Pension authorised (in case final amount of pension has not been authorised indicate the amount of provisional pension)	
9.	Fraction of pension proposed to be commuted (up to 40%)	

10.	Designation of the Accounts Officer Who authorised the pension and No. and date of Pension Payment Order, if issued	
11.	Disbursing authority for payment of pension:- (a) Branch of the Nationalised Bank with complete postal address (b) Bank Account No.to which monthly pension is being credited/ to be credited each month.	

Place:

Signature_____

Date:

Postal Address_____

Note: The payment of commuted value of pension shall be made through the disbursing authority from which pension is being drawn. It is not open to an applicant to draw the commuted value to pension from disbursing authority other than the disbursing authority from which pension is being drawn.

- The applicant should indicate the fraction of the amount of monthly pension (subject to the maximum of 40% thereof)
- Score out which is not applicable.

PART II

No.....

Dated:

Forwarded to the Comptroller, LUVAS, (here indicate the address & designation) _____

with the remarks that:-

- (a) The particulars furnished by the applicant in PART-I have been verified and are correct,
- (b) The applicant is eligible to get a fraction of his pension commuted without medical examination,
- (c) The commuted value of pension determined with reference to the Table applicable at present comes to Rs. _____ (Rs. _____)
- (d) The amount of residuary pension after commutation will be Rs. _____ (Rs. _____)
- (1) It is requested that further action to authorise the payment of the amount of commuted value of pension may please be taken in accordance with rules.
- (2) The receipt of Part-I of the Form has been acknowledged in Part-II which has been forwarded separately to the applicant on _____.
- (3) The commuted value of pension is debitible of Head of account namely LUVAS Pension Fund.

Place

Signature

Date

Head of Office

------(Detach from here)-----

**PART-III
Acknowledgement**

Received from Sh./Smt. _____(Name & former designation) application in Part I of this Form for the Commutation of a fraction of pension without medical examination.

Place :

Signature

Date :

Head of Office

Note:- This acknowledgment is to be signed, stamped and dated and is to be detached from the Form & handed over to the applicant. If the form has been received by post, it has to be acknowledged on the same day and the acknowledgement sent under registered cover.

HARYANA GOVT. GAZ. (EXTRA), MAR. 3,2017 (PHGN. 12, 1938 SAKA)**ANNEXURE-I*****[SEE rule 17 (I)](as per FD letter no. 2/23/2016-1Pension dated 10.01.2018*****UNDERTAKING**

I hereby undertake that in case excess payment is found to have been made as a result of incorrect fixation of pension/family pension or any excess payment detected in the light of discrepancies noticed subsequently shall be refunded by me to the Government either by adjustment against future payments due to me or otherwise.

PPO No. (if allotted) _____

Account No. _____

Mobile No. _____

Date _____

Place _____

Signature _____

Name _____

Designation _____

Address _____

Head of Department
(with Stamp)

HARYANA GOVT. GAZ. (EXTRA), MAR. 3,2017 (PHGN. 12, 1938 SAKA)**ANNEXURE-II*****[SEE RULE 17 (2)]*****UNDERTAKING**

I hereby undertake that as a result of any rectification or adjustment in the pension granted to me on the basis of any interim order by any Court of law, any excess amount which is found to have been made as a result of relevant appropriate decision taken by the Government on the final decision of the Court of law, shall be refunded by me to the Government either by adjustment against future payments due to me or otherwise. I further undertake to abide by such relevant appropriate decision of the Government taken on the final decision of such Court of law as the case may be.

PPO No. (if allotted) _____

Account No. _____

Mobile No. _____

Date _____

Place _____

Signature _____

Name _____

Designation _____

Address _____

Head of Department
(with Stamp)

AFFIDAVIT

I, working as in the Deptt./Office of..... Hisar, (to be retired/retired on), do hereby solemnly affirm and declare as under:-

1. That during my whole service, I have taken the following loans from the University Fund viz. CCSHAU/LUVAS, Hisar.
 - a)
 - b)
 - c)
 - d)
2. That the principal amount of all the above loans along with interest thereon has been fully paid by me and nothing is outstanding against me.

Place:.....
Dated:.....

DEPONENT

VERIFICATION:-

Verified that contents given above are true to the best of my knowledge & belief and nothing has been concealed therein.

DEPONENT

Place:
Dated:

AFFIDAVIT

I, working as in the Deptt./office of (to be retired/retired on), do hereby solemnly affirm and declare as under :-

- 1. That I am a regular employee of LUVAS, Hisar.
- 2. That my superannuation/retirement date is
- 3. That no vigilance enquiry/Departmental enquiry/complaint is pending against me.

Deponent

Place :
Dated:...

Verification :-

Verified that contents given above are true to the best of my knowledge & belief and nothing has been concealed therein.

Deponent

Place :
Dated:

AFFIDAVIT

I, working as in the Deptt./office of(to be retired/retired on), do hereby solemnly affirm and declare as under :-

- 1. That I am not employed/re-employed anywhere viz Govt./Public undertaking/
University/ Establishment paid by local Bodies/in any type of commercial institutions nor my case for any type of employment is in process. I further undertake to inform the University with full facts, if I seek employment anywhere.

Deponent

Place :
Dated:

Verification :-

Verified that contents given above are true to the best of my knowledge & belief and nothing has been concealed therein.

Deponent

Place :
Dated: